

Registration Form

OFFICE OF PROFESSIONAL EDUCATION



FIU FLORIDA INTERNATIONAL UNIVERSITY
Miami's public research university

COLLEGE OF BUSINESS ADMINISTRATION

Program Confirmation

Once you have registered for one of our programs, we will send you a confirmation letter. This confirmation ensures that a place will be reserved for you in the program.

Registration and Cancellation Policies

Payment Policy:

- Program fees are due in full upon acceptance into the program.

Substitution Policy:

- Qualified substitutes for registrations can be accommodated with advance written notice.

Cancellation Policy:

Due to costs associated with establishing, holding, and refilling participant slots, we've adopted the cancellation charge schedule below.

- All cancellation notices must be received in writing.

- Cancellation fees are based on the number of weeks preceding the start date that we receive the request.

Four or more weeks prior
...10% of program fee

Two to 4 weeks prior
...20% of program fee

Within 2 weeks
...30% of program fee

For more information contact:

Grisell Sotolongo
Administrative Director
Tel: (305) 348-4217
E-mail: sotolong@fiu.edu

Margarita Royale
Program Manager
Tel: (305) 348-4217
Fax: (305) 348-3628
E-mail: royalem@fiu.edu

To receive information about other professional education programs, call, send inquiries by e-mail, or visit <http://ope.fiu.edu>

Principles of Project Management Professional Certificate (Customized Program for Miami-Dade County Government)

This form may be copied for additional registrants.

Select one:

- ☐ Offering 1—Part A—August 20, 21, and 23, 2004, 9:00a.m.-4:00p.m.
Part B—September 10, 11 and 13, 2004, 9:00a.m.-4:00p.m.....\$1,190
- ☐ Offering 2—Part A—November 19, 20, and 22, 2004, 9:00a.m.-4:00p.m.
Part B—December 3, 4 and 6, 2004, 9:00a.m.-4:00p.m.....\$1,190

The program fee includes tuition, instructional materials, refreshments and certificate of course completion. The fee is payable in advance.

Please check all that apply.

- ☐ Check payable to Florida International University is enclosed.
☐ Credit card payment is enclosed
☐ Department memo authorizing my participation is enclosed.
☐ Please bill my department (Payment options include check and credit card)..

Participant Information

☐ Mr. ☐ Mrs. ☐ Ms.

Name: _____

Title: _____

Company: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Fax: _____

E-mail: _____

Social security number*: _____

**Necessary for University to process personal check.*

Credit Card Payment

Select one: ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Expiration date: _____ Payment amount: _____

Credit card number: _____

Credit card holder signature: _____

Security code (card verification value)*: _____

**Necessary for University to process credit card. Last three digits that appear after card number on back of card or four digits that appear above card number on front of card.*

Billing Information

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Fax: _____

Office of Professional Education

Florida International University
College of Business Administration
11200 S.W. 8 Street, MARC 270
Miami, Florida 33199

Tel: (305) 348-4217 • Fax: (305) 348-3628
E-mail: ope@fiu.edu • Website: <http://ope.fiu.edu>

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